## CITY OF SAUSALITO TREE REMOVAL / ALTERATION PERMIT

## **APPLICATION**

TRP	
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APPLICANT INFORMATION Name	
Address	
Day Phone	Email Address
PROPERTY OWNER INFORMATIONAME	· · · · · · · · · · · · · · · · · · ·
Address	
Day Phone	Email Address
the following information and att is for work on a tree on City-own	a tree located on property <u>not</u> owned by the applicant, provide each a completed "Permission to Enter" Form. If this application ned property, describe the location and state "City property".
	Email Address
EXPLANATION OF PROPOSED We Describe the extent of the propos	
Explain why the work is needed.	

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	moved, will a replaceme les, location, and contain	ent tree be planted? ner size of replacement tree.
[ ] No – Explain w	hy not.	
I (We) hereby grant Officials to enter the application. If a quo the property, a publi property during the	e property to inspect the orum (three or more mer icly-noticed meeting is re	s and Views Committee members and any City tree(s) for making a decision on this Permit mbers) of the Trees and Views Committee meets on equired and interested parties are allowed to enter the g. I (We) grant this permission subject to the
· · · · · · · · · · · · · · · · · · ·		ary under the laws of the State of California that the mpanying materials are true, complete, and correct.
Applicant	Date	Permit Fee Paid
		Receipt No.
Property Owner	Date	By (Initials)
For questions contact Community Develop 420 Litho Street Sausalito, CA 94965 415/289-4128 Voice 415/339-2256 Fax	pment Department	Date Stamp